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UNDER SECRETARY FOR HEALTH'S INFORMATION LETTER

HIV TESTING TO PREVENT PERINATAL TRANSMISSION

1. This Information Letter provides guidance on the role of Human Immunodeficiency Virus (HIV) testing in the prevention of perinatal HIV transmission as part of the Department of Veterans Affairs (VA's) commitment to excellence in HIV care. It provides recommendations on discussing HIV testing as a part of routine care for pregnant women who receive any VA care as a part of VA's commitment to early detection and treatment of HIV.

2. Background

a. In 1994, the results of the Pediatric Acquired Immune Deficiency Syndrome (AIDS) Clinical Trials Group (PACTG) protocol 076 demonstrated that the transmission of HIV from mothers to infants could be dramatically reduced through the mother's use of zidovudine (ZDV) during pregnancy and labor, and by the administration of ZDV to the newborn. This trial was viewed as one of the most important public health successes in the prevention of HIV and/or AIDS. In 1995, the United States Public Health Service (USPHS) issued guidelines for ZDV use and recommended universal counseling and voluntary HIV testing of all pregnant women, with treatment for those infected. Acceptance of these guidelines and acceptance of chemoprophylaxis by HIV infected pregnant women led to a steep and sustained decline in perinatal HIV transmission with an 83 percent decline in perinatal cases diagnosed in 1999, in comparison to the peak incidence of 907 cases in 1992.

b. In 2001, the Centers for Disease Control and Prevention (CDC) revised the 1995 Guidelines to emphasize HIV testing as a routine part of prenatal care, and strengthened the recommendation that all pregnant women be tested for HIV. The CDC also recommended that the counseling process be simplified so that pre-test counseling would not be a barrier to testing; CDC also recommended that providers explore and address any reasons for refusal of HIV testing. Studies have shown that when providers recommend testing, the majority of patients will consent.

c. In 2003, the CDC issued a report calling for new strategies to address the changing epidemic of HIV in the U.S., and called for prenatal testing as part of routine care. Included in this report were recommendations for routine HIV testing of all pregnant women and infants whose mother was not tested. The CDC noted that the approximately 300 cases of perinatal transmission occurring in the United States each year could be greatly reduced with the adoption of these recommendations for early testing and treatment.

3. Recommendations

a. Given that early detection and treatment of HIV is extremely successful in preventing perinatal transmission of HIV, it is strongly recommended that all pregnant women who receive any part of their care in VA, be advised of the current clinical recommendations for HIV testing as part of routine medical care.

b. While patients are to be strongly encouraged to be tested early as part of their prenatal care, all HIV testing in VA is voluntary and written, informed consent is required. Early diagnosis of HIV infection allows a woman to receive effective antiretroviral therapies to protect her own health. In addition, preventive drugs (e.g., ZDV) greatly improves the chances that her child will be born free of infection. Early knowledge of the mother's serostatus is also important for decisions regarding her obstetrical management, and requires close coordination between all her health care providers.

c. If a pregnant patient is found to be HIV positive, it is important that she be referred for HIV treatment immediately. Medical care and management of HIV, especially in pregnant women, can be complex because of the need for combination therapies, management of common side effects, careful monitoring of viral load, resistance testing, monitoring of immune status, and the potential for adverse short- or long-term effects of antiretroviral therapies on the fetus and the infant. It is recommended that health care providers who are not experienced in the care of pregnant HIV-infected women obtain consultation and/or referrals from providers who are knowledgeable in this area.

d. Many women do not consider themselves to be at-risk for HIV even after undergoing a risk assessment. Prenatal screening may provide an important opportunity to educate a patient about HIV that may not otherwise occur. It is important for female veterans to understand that excellent HIV care is available for them in VA. While prenatal care may occur elsewhere because of health care needs specific to pregnancy, it is important that all women veterans be informed that quality care is available in VA to meet their needs, as well as following their pregnancy.

4. References

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5. Questions may be referred to Jane Burgess, ACRN, MS, HIV-Hepatitis C National Clinical Coordinator, at (203) 932-5711, ext. 5758, or Kim Hamlett-Berry, Ph.D., Director of the Public Health National Prevention Program, Public Health Strategic Health Care Group (13B), at (202) 273-8929.

Robert H. Roswell, M.D.
Under Secretary for Health

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